

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re application of:  
Timothy B. Cowles

Serial No.: 09/810,366

Filed: March 15, 2001

For: CIRCUIT AND METHOD FOR TEST AND REPAIR

§  
§ Group Art Unit: 2133  
§  
§ Examiner: Christine T. Tu  
§  
§ Atty. Docket: 2000-0058  
§  
§ Paper No.  
§

INFORMATION DISCLOSURE STATEMENT

Certificate of Mailing (37 C.F.R. § 1.8)

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on the date below:

10/19/04  
Date

*Susan Jerome*  
Signature

Dear Sir:

In compliance with the duty of disclosure under 37 C.F.R. § 1.56, Applicant respectfully requests that this Information Disclosure Statement be entered and that the references listed on the attached Form PTO-1449 be considered by the Examiner and made of record. Per the amendment to 37 CFR 1.98, copies of the cited U.S. patents and published U.S. patent applications are not enclosed.

In accordance with 37 C.F.R. § 1.97(g), this Information Disclosure Statement is not to be construed as a representation that a search has been made or that no other possible material information as defined in 37 C.F.R. § 1.56(a) exists.

The following references are disclosed for the Examiner's review:

U.S. Patents

| <u>U.S. Patent No.</u> | <u>Issue Date</u> | <u>Inventor</u>       |
|------------------------|-------------------|-----------------------|
| 2001/0017806 A1        | 08/30/01          | Schamberger, et al.   |
| 6,560,728              | 05/06/03          | Merritt               |
| 6,393,504              | 05/21/02          | Leung, et al.         |
| 6,163,860              | 12/19/00          | Merritt               |
| 6,018,811              | 01/25/00          | Merritt               |
| 5,706,292              | 01/06/98          | Merritt               |
| 5,577,055              | 11/19/96          | Westerlund            |
| 5,528,539              | 06/18/96          | Ong, et al.           |
| 5,457,789              | 10/10/95          | Dietrich, Jr., et al. |

This Information Disclosure Statement is being submitted after the mailing of the first Office Action, but before the mailing of a Final Rejection or Notice of Allowance. The Commissioner is authorized to charge the fee set forth in 37 C.F.R. § 1.17(p) of \$180 and any additional fees which may be required to Micron Technology Inc. Deposit Account No.13-3092, Order No. 2000-0058.

If there are any matters which may be resolved or clarified through telephone interview, the Examiner is respectfully requested to contact Applicant's undersigned attorney at the number indicated.

\* \* \* \*

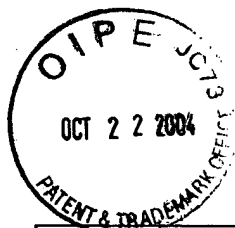
A Form PTO-1449 is enclosed herewith.

Respectfully submitted,



Date: 10/19/04

Charles Brantley  
Reg. No. 38,086  
Micron Technology, Inc.  
8000 S. Federal Way  
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Boise, ID 83706-9632  
(208) 368-4557  
ATTORNEY FOR APPLICANT



Sheet: 1 of: 1

|  |  |  |                                 |
|--|--|--|---------------------------------|
| FORM: PTO-1449<br>(REV: 7-80)  | U.S. DEPARTMENT OF COMMERCE<br>PATENT AND TRADEMARK OFFICE | Atty Docket No:<br><b>2000-0058</b>    | Serial No:<br><b>09/810,366</b> |
| <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b><br><br>(37 CFR 1.98(b)) (use several sheets if necessary) |  | Applicant:<br><b>Timothy B. Cowles</b> |                                 |
|  |  | Filing Date:<br><b>March 15, 2001</b>  | Group:<br><b>2133</b>           |

**U.S. PATENT DOCUMENTS**

| Examiner<br>Initial | Document<br>Number | Date     | Name                  | Class | Subclass |  |
|---------------------|--------------------|----------|-----------------------|-------|----------|--|
| AA                  | 2001/0017806 A1    | 08/30/01 | Schamberger, et al.   | 365   | 202      |  |
| AB                  | 6,560,728          | 05/06/03 | Merritt               | 714   | 711      |  |
| AC                  | 6,393,504          | 05/21/02 | Leung, et al.         | 710   | 104      |  |
| AD                  | 6,163,860          | 12/19/00 | Merritt               | 714   | 711      |  |
| AE                  | 6,018,811          | 01/25/00 | Merritt               | 714   | 711      |  |
| AF                  | 5,706,292          | 01/06/98 | Merritt               | 714   | 710      |  |
| AG                  | 5,577,055          | 11/19/96 | Westerlund            | 714   | 805      |  |
| AH                  | 5,528,539          | 06/18/96 | Ong, et al.           | 365   | 200      |  |
| AI                  | 5,457,789          | 10/10/95 | Dietrich, Jr., et al. | 711   | 100      |  |
| AJ                  |                    |          |                       |       |          |  |
| AK                  |                    |          |                       |       |          |  |
| AL                  |                    |          |                       |       |          |  |
| AM                  |                    |          |                       |       |          |  |
| AN                  |                    |          |                       |       |          |  |

**FOREIGN PATENT DOCUMENTS**

| Examiner<br>Initial | Document<br>Number | Date | Country | Class | Subclass | Translation              |                          |
|---------------------|--------------------|------|---------|-------|----------|--------------------------|--------------------------|
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|                     | AP                 |      |         |       |          | <input type="checkbox"/> | <input type="checkbox"/> |
|                     | AQ                 |      |         |       |          | <input type="checkbox"/> | <input type="checkbox"/> |

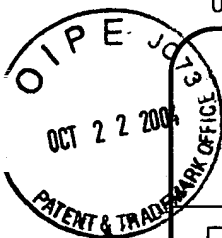
**OTHER ART** (including author, title, date, pertinent pages, etc.)

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| Initial | AR |  |  |
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|-----------|------------------|
| Examiner: | Date Considered: |
|-----------|------------------|

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication with applicant.

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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

180

## Complete if Known

|                      |                   |
|----------------------|-------------------|
| Application Number   | 09/810,366        |
| Filing Date          | March 15, 2001    |
| First Named Inventor | Timothy B. Cowles |
| Examiner Name        | Christine T. Tu   |
| Art Unit             | 2133              |
| Attorney Docket No.  | 2000-0058         |

| METHOD OF PAYMENT (check all that apply)   |          |              |          | FEE CALCULATION (continued)  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
|--|----------|--------------|----------|--|----------|--------------|--|-----------------|----------|--------------|----------|-----------------|----------|----------|----------|----------|----------|------|-----|--------------------|-----|------|-----|-------------------------------------|-----|-------------------|----|------|-----|---|-----|------------------|-----|------|-----|---------------------------|-----|--------------------|-------|------|-------|--|----|------------------------|------|--------------|------|--|--|------|--------|--|--------|---|--|--------------|-----|--------------|----|--|--|----------|-----|------|-----|---|--|------|-----|------|-----|--|--------|------|-------|------|-----|---|--|------|-------|------|-------|--|---|------|-----|--------------------|-----|------------------|--|------|-----|------|-----|--|--|--------------|-----|-----------------|----------|--------------------------|----------|----------|----------|------|-------|---|----|------|-----|------------------------|----|----------------------------------|----|------|-------|-----------------------------------|-----|------------------------------------|-----|------|-------|---------------------------------------|-----|--------------------------------|----|------|-----|--|-----|------------------|----|------|-----|--|-----|-----------------|--|------|-----|------|--------|-------------------------------|--|------|----|------|----|--------------------------------------|--|------|-----|------|-----|---|-----|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 13-3092, Order No. 2000-0058<br>Deposit Account Name: Micron Technology, Inc.<br>The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |          |              |          | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>430</td><td>2252</td><td>215</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>980</td><td>2253</td><td>490</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,530</td><td>2254</td><td>765</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,080</td><td>2255</td><td>1,040</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>340</td><td>2401</td><td>170</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>340</td><td>2402</td><td>170</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>300</td><td>2403</td><td>150</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,370</td><td>2453</td><td>685</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,370</td><td>2501</td><td>685</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>490</td><td>2502</td><td>245</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>660</td><td>2503</td><td>330</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17 (q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td>180</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>790</td><td>2809</td><td>395</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>790</td><td>2810</td><td>395</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>790</td><td>2801</td><td>395</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> </tbody> </table> |          |              |  | Large Entity    |          | Small Entity |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) |      |     | 1051               | 130 | 2051 | 65  | Surcharge - late filing fee or oath |     | 1052              | 50 | 2052 | 25  | Surcharge - late provisional filing fee or cover sheet. |     | 1053             | 130 | 1053 | 130 | Non-English specification |     | 1812               | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |    | 1804                   | 920* | 1804         | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805   | 1,840* | Requesting publication of SIR after Examiner action |  | 1251         | 110 | 2251         | 55 | Extension for reply within first month |  | 1252     | 430 | 2252 | 215 | Extension for reply within second month |  | 1253 | 980 | 2253 | 490 | Extension for reply within third month |        | 1254 | 1,530 | 2254 | 765 | Extension for reply within fourth month |  | 1255 | 2,080 | 2255 | 1,040 | Extension for reply within fifth month |   | 1401 | 340 | 2401               | 170 | Notice of Appeal |  | 1402 | 340 | 2402 | 170 | Filing a brief in support of an appeal |  | 1403         | 300 | 2403            | 150      | Request for oral hearing |          | 1451     | 1,510    | 1451 | 1,510 | Petition to institute a public use proceeding |    | 1452 | 110 | 2452                   | 55 | Petition to revive - unavoidable |    | 1453 | 1,370 | 2453                              | 685 | Petition to revive - unintentional |     | 1501 | 1,370 | 2501                                  | 685 | Utility issue fee (or reissue) |    | 1502 | 490 | 2502   | 245 | Design issue fee |    | 1503 | 660 | 2503   | 330 | Plant issue fee |  | 1460 | 130 | 1460 | 130    | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17 (q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | 180 | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 790 | 2809 | 395 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 790 | 2810 | 395 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 790 | 2801 | 395 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  |
| Large Entity   |          | Small Entity |          | Fee Description  | Fee Paid |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code   | Fee (\$) | Fee Code     | Fee (\$) |  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1051   | 130      | 2051         | 65       | Surcharge - late filing fee or oath  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1052   | 50       | 2052         | 25       | Surcharge - late provisional filing fee or cover sheet.  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1053   | 130      | 1053         | 130      | Non-English specification  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1812   | 2,520    | 1812         | 2,520    | For filing a request for <i>ex parte</i> reexamination   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1804   | 920*     | 1804         | 920*     | Requesting publication of SIR prior to Examiner action   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1805   | 1,840*   | 1805         | 1,840*   | Requesting publication of SIR after Examiner action  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1251   | 110      | 2251         | 55       | Extension for reply within first month   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1252   | 430      | 2252         | 215      | Extension for reply within second month  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1253   | 980      | 2253         | 490      | Extension for reply within third month   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1254   | 1,530    | 2254         | 765      | Extension for reply within fourth month  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1255   | 2,080    | 2255         | 1,040    | Extension for reply within fifth month   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1401   | 340      | 2401         | 170      | Notice of Appeal   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1402   | 340      | 2402         | 170      | Filing a brief in support of an appeal   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1403   | 300      | 2403         | 150      | Request for oral hearing   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1451   | 1,510    | 1451         | 1,510    | Petition to institute a public use proceeding  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1452   | 110      | 2452         | 55       | Petition to revive - unavoidable   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1453   | 1,370    | 2453         | 685      | Petition to revive - unintentional   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1501   | 1,370    | 2501         | 685      | Utility issue fee (or reissue)   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1502   | 490      | 2502         | 245      | Design issue fee   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1503   | 660      | 2503         | 330      | Plant issue fee  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1460   | 130      | 1460         | 130      | Petitions to the Commissioner  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1807   | 50       | 1807         | 50       | Processing fee under 37 CFR 1.17 (q)   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1806   | 180      | 1806         | 180      | Submission of Information Disclosure Stmt  | 180      |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 8021   | 40       | 8021         | 40       | Recording each patent assignment per property (times number of properties)   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1809   | 790      | 2809         | 395      | Filing a submission after final rejection (37 CFR § 1.129(a))  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1810   | 790      | 2810         | 395      | For each additional invention to be examined (37 CFR § 1.129(b))   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1801   | 790      | 2801         | 395      | Request for Continued Examination (RCE)  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1802   | 900      | 1802         | 900      | Request for expedited examination of a design application  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>1. BASIC FILING FEE</b><br><table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>1001</td><td>790</td><td>2001</td><td>395</td><td>Utility filing fee</td><td></td></tr> <tr><td>1002</td><td>350</td><td>2002</td><td>175</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>550</td><td>2003</td><td>275</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>790</td><td>2004</td><td>395</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5">SUBTOTAL (1)</td><td>(\$ 0)</td></tr> </tbody> </table> |          |              |          | Large Entity   |          | Small Entity |  | Fee Description | Fee Paid | Fee Code     | Fee (\$) | Fee Code        | Fee (\$) |          |          | 1001     | 790      | 2001 | 395 | Utility filing fee |     | 1002 | 350 | 2002                                | 175 | Design filing fee |    | 1003 | 550 | 2003  | 275 | Plant filing fee |     | 1004 | 790 | 2004                      | 395 | Reissue filing fee |       | 1005 | 160   | 2005   | 80 | Provisional filing fee |      | SUBTOTAL (1) |      |  |  |      | (\$ 0) | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>7</td> <td>-53 **</td> <td>0</td> <td>X</td> <td>18</td> <td>=</td> <td>0</td> <td></td> </tr> <tr> <td>2</td> <td>-8 **</td> <td>0</td> <td>X</td> <td>88</td> <td>=</td> <td>0</td> <td></td> </tr> <tr> <td colspan="2">Multiple Dependent</td> <td colspan="2">X</td> <td></td> <td>=</td> <td>0</td> <td></td> </tr> </tbody> </table><br><table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>88</td><td>2201</td><td>44</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>300</td><td>2203</td><td>150</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>88</td><td>2204</td><td>44</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5">SUBTOTAL (2)</td><td>(\$ 0)</td></tr> </tbody> </table> |        |   |  | Total Claims |     | Extra Claims |    | Fee from below                         |  | Fee Paid |     |      |     |   |  |      |     |      |     | 7                                      | -53 ** | 0    | X     | 18   | =   | 0                                       |  | 2    | -8 ** | 0    | X     | 88                                     | = | 0    |     | Multiple Dependent |     | X                |  |      | =   | 0    |     | Large Entity                           |  | Small Entity |     | Fee Description | Fee Paid | Fee Code                 | Fee (\$) | Fee Code | Fee (\$) |      |       | 1202  | 18 | 2202 | 9   | Claims in excess of 20 |    | 1201                             | 88 | 2201 | 44    | Independent claims in excess of 3 |     | 1203                               | 300 | 2203 | 150   | Multiple dependent claim, if not paid |     | 1204                           | 88 | 2204 | 44  | ** Reissue independent claims over original patent |     | 1205             | 18 | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |     | SUBTOTAL (2)    |  |      |     |      | (\$ 0) |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity   |          | Small Entity |          | Fee Description  | Fee Paid |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code   | Fee (\$) | Fee Code     | Fee (\$) |  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1001   | 790      | 2001         | 395      | Utility filing fee   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1002   | 350      | 2002         | 175      | Design filing fee  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1003   | 550      | 2003         | 275      | Plant filing fee   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1004   | 790      | 2004         | 395      | Reissue filing fee   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1005   | 160      | 2005         | 80       | Provisional filing fee   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| SUBTOTAL (1)   |          |              |          |  | (\$ 0)   |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Total Claims   |          | Extra Claims |          | Fee from below   |          | Fee Paid     |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
|  |          |              |          |  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 7  | -53 **   | 0            | X        | 18   | =        | 0            |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 2  | -8 **    | 0            | X        | 88   | =        | 0            |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Multiple Dependent   |          | X            |          |  | =        | 0            |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity   |          | Small Entity |          | Fee Description  | Fee Paid |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code   | Fee (\$) | Fee Code     | Fee (\$) |  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202   | 18       | 2202         | 9        | Claims in excess of 20   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201   | 88       | 2201         | 44       | Independent claims in excess of 3  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203   | 300      | 2203         | 150      | Multiple dependent claim, if not paid  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204   | 88       | 2204         | 44       | ** Reissue independent claims over original patent   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205   | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| SUBTOTAL (2)   |          |              |          |  | (\$ 0)   |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| **or number previously paid, if greater; For Reissues, see above   |          |              |          | Other fee (specify) _____<br>*Reduced by Basic Filing Fee Paid<br><b>SUBTOTAL (3)</b> (\$ 180)   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |      |     |                    |     |      |     |                                     |     |                   |    |      |     |   |     |                  |     |      |     |                           |     |                    |       |      |       |  |    |                        |      |              |      |  |  |      |        |  |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |        |      |       |      |     |   |  |      |       |      |       |  |   |      |     |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |          |      |       |   |    |      |     |                        |    |                                  |    |      |       |                                   |     |                                    |     |      |       |                                       |     |                                |    |      |     |  |     |                  |    |      |     |  |     |                 |  |      |     |      |        |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |     |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |

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| Signature         | Charles Brantley |                                   |        | Date      | 10/19/4      |

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